## BEST AVAILABLE COPY

								Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECOI Effective November 10, 1998								9/287985						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY			
F	OR	NUMB	NUMBER FILED NUMBER			EXTRA		RATE	FEE	1	RATE	FEE			
BA	ISIC FEE								380.00	OR		760.00			
TC	OTAL CLAIMS		26 minus 20= ★ 6					X\$ 9=		OR	X\$18=	108			
IN	DEPENDENT CLAIR	иѕ	6 minus 3 = * 3					X39=		OR.	X78=	234			
MULTIPLE DEPENDENT CLAIM PRESENT						. 100		1	.000						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						L	+130= OTAL		OR OR	+260= TOTAL	1102			
	CLAIMS AS AMENDED - PART II							· · · · · ·		<b>1</b> 01,	OTHER				
	(Column 1) (Column 2) (Column 3)						S	MALL	ENTITY	OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER MENDMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total *	Lle.	Minus	**	20	= 7	>	<b>K\$ 9</b> =		OR	X\$18=	5			
	Independent * FIRST PRESENTA	ATION OF M	Minus	***	<u> 6</u>	=	,	X39=		OR	X78=				
-	FINOT FRESENTA	ATION OF M	OLITPLE DE	PENDI	ENT CLAIM		+	130=		OR	+260=				
						•	400	TOTAL		OR	TOTAL				
	(	Column 1)		(Co	olumn 2)	(Column 3)	ADL	DIT. FEE		,	ADDIT. FEE				
IDMENT B		CLAIMS REMAINING AFTER MENDMENT		H N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
N	Total *	26	Minus	**	26	=	×	<b>(\$</b> 9=		OR	X\$18=				
AMEN	Independent * FIRST PRESENTA	ATION OF MI	Minus	***	ENT CLAIM	=	\ \rac{1}{2}	(39=		OR	x#				
	T WOT THEOLITI	ATTOR OF IN	JETH EE DEI	LINDE	-INT OLAHVI		+	130=	, ,	OR	320				
							400	TOTAL IT. FEE		OR ,	TOTAL	20			
	(0	Column 1)		(Cc	olumn 2)	(Column 3)	ADD	/II. FCC I		,	ADDIT. FEE				
ENT C	F	CLAIMS REMAINING AFTER MENDMENT		HI N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
<b>AMENDMENT</b>	Total *	24	Minus	** /	26	=	X	\$ 9=		ا ۾	X\$18=	7			
	Independent *	10	Minus	***	10	=	$\vdash$			OR	86	-/-			
٨	FIRST PRESENTA	ATTON OF MI	JLTIPLE DEF	PENDE	NT CLAIM		- <u>`</u>	39=		OR	7/6= -5/2/1	#			
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							130=		OR	366	/_			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

09281980

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	]	RATE	FEE
FO	R		NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	7\$70.00
то	TAL CHARGEA	BLE CLAIMS	24mi	nus 20=	. 6			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	Q m	inus 3 =	*	3		X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								101/12	<u> </u>	1011	OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	. 26	Minus	* &	96	=		X\$ 9=	0	OR	X\$18=	
ME	Independent	<u>* 36</u>	Minus	***	36	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
							L	TOTAL			TOTAL	1
		(0-1 1)		/O-1	0\	(0-1 0)		ADDIT. FEE		OR	ADDIT. FEE	
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.24	Minus	* 2	6	=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* 6	Minus	***	0	=	41	X42=	-	OR	\$\$4 <u>=</u>	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>」</b> [	+140=		OR	29g	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	Ø
		(Column 1)		(Colu	mn 2)	(Column 3)						,0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1 [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	l t	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		-	OR		
A Make a state in column of in local than the control in column O write #0" in column O								+140=		OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												